

CALIFORNIA COURTS SELF-HELP CENTER
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INSTRUCTIONS: Form FL-150
Income and Expense Declaration

The numbers of the paragraphs below correspond to the circled numbers on the sample forms. For example, paragraph 1 below corresponds to “①” on the sample form.

1. Your Name
Your Address
City, State, Zip Code
Telephone Number (with Area Code)
2. If you don't have an attorney, write *“in pro per.”*
3. Use the address that is on the petition and other papers in this case. If you don't remember, ask the court clerk.
4. The case name will be the names of the two parties in your case. Always use the same case name as you used in the petition that began your case.
5. Case number. Use the case number that was assigned by the clerk when your case began. If you don't remember, ask the court clerk.
6. This question asks which pages of the form you will be filling out. Check *“Income”* and *“Expense”* if you don't have children. Also check *“Child Support”* (page 4) if you do have children. **YOU DO NOT HAVE TO FILL OUT THE INCOME PART IF YOU ONLY HAVE TANF (PUBLIC ASSISTANCE) THROUGH THE DEPARTMENT OF SOCIAL SERVICES FOR INCOME.**
7. This section asks questions about you as a person. Most of the questions are pretty clear. You may have questions about:

#3: What is your occupation?

In other words, what type of work do you usually do to earn money?

#5b (2): What were your gross monthly earnings?

In other words, how much did you make before taxes, social security, retirement, etc., were taken out?

#6: What is the total number of minor children you are legally obligated to support?

In other words, how many children under age 18 do you have to support (counting those from this relationship as well as those children from other relationships that you are required to support).

8. Do not fill this box in until you have completed the *Income Information* page of the form (page 2). If your only source of income is TANF or welfare, ignore the dollar sign and put "*TANF*" in the box and do not complete page 2.
9. Do not fill this box in until you have completed the *Income Information* page of the form (page 2). Skip this box if your only source of income is TANF (public assistance).
10. Do not fill in this line until you have completed the *Expense Information* page of the form (page 3).
11. Is there anyone helping you pay your household expenses? Fill in the amount of your monthly expenses that are paid by anyone other than you.
12. What is your best guess about the other party's income before taxes, social security, retirement, etc., is taken out?
13. Do not sign and date this until you have finished the whole form FL-150.
14. Petitioner's name: This should be the same as what you filled in for #4, above.
Respondent's name: This should be the same as what you filled in for #4, above.
Income information of: Your Name
15. Case number: This should be the same as what you filled in for #5 above.
16. List the total amount of money you earned at your job(s) in the last 12 months. (Don't take out taxes, social security, retirement, etc.)
17. List all other money you received in the last 12 months. DO NOT INCLUDE:
 - Welfare or TANF benefits;
 - Social security/SSI payments;
 - Spousal support (money paid to you by the other party for your support) in this case;
 - Any child support, whether from this relationship or another.
18. This tells you that if you own a business or rental properties, you must list, on an attached piece of paper, all the income you received from it or them and then show all expenses you paid for operating the business or these properties. There is no specific form for this schedule. You may want to

use the schedule C from your most recent federal tax return as an attached schedule. You can white out your social security number to prevent identity theft. Put your income after expenses on one of the lines at number 17.

19. Add lines 1 through 2d of page 2 of the form and put that amount on line 3. After you have done that, take the amount on line 3 and divide by 12. This will give you an average monthly income for the past 12 months. Enter that amount on line 4a below.

20. This section, lines 4a and 4b through lines 16a and 16b, asks about your earnings and deductions per month. This first column (the "a's") is where you fill in the average amount based on the last 12 months. The second column (the "b's") is where you fill in the actual amount from last month. Fill in both columns even if the amounts are the same. You may need to look at your last tax return and your pay stubs to get the information you need.

Some of these questions are complicated and can affect the amount of child support and spousal support (alimony) you may get or have to pay. For more details, talk to the family law facilitator or to an attorney.

21. This question is asking about income from sources you didn't include in questions 1, 2, and 3 on this page.
22. Here you fill in your best estimate of your current checking account balance(s) and the amount of cash you have on hand.
23. Your best estimate of the current balances in these types of accounts.
24. Your best estimate of the dollar value of any stocks, bonds, or other types of investment accounts that can be easily cashed in.
25. Your best estimate of the dollar value of your other property (for example, your house, car, jewelry, household furniture, etc.). If you don't have enough room, this information can be put on a separate sheet and attached to this form.
26. Staple a copy of your last three pay stubs to this document. You can white out your social security number to prevent identity theft.
27. Case name and case number. These should be the same as those listed on previous pages.

28. List the names of the people who are living in your house and who are either being supported by you, are supporting you, or are sharing in your expenses listed on page 3, the *Expense Information* page of the form. Also list their ages, their relationship to you, and how much money they earn or have coming in (don't deduct taxes).
29. This section asks the same information as the question above except that the people listed here are the people who are living with you but who are not sharing in your expenses as listed on this form.
30. This section asks questions about your monthly expenses. In item 2q add up all the expenses *except* the expenses under 2a(2) (the questions about your mortgage and real property expenses, etc.).
31. List all your creditors (companies and agencies that you owe money to) and what the payments are for (for example, car payment), how much each monthly payment is, the total amount you owe, and the date(s) of your last payment(s). If you can't fit all your creditors here, you can list the rest with the information requested on the form on a separate piece of paper. Make sure to put your name and case number on it and title it "Attachment 3."
32. This question asks about what you have paid your attorney, if anything. You may not include any amounts for paralegal services. Your attorney must sign this to confirm the attorney fees.
33. Case name and number. These should be the same as what you listed on previous pages.
34. If you have children from this relationship under the age of 18, fill this page out completely.
35. This information should be on your health insurance card and paycheck. If you have questions about this section, your employer can provide this information.
36. Based on your current time-share of the children with the other parent, what percentage of time are the children with each of you? (For instance, Father: 40%; Mother: 60%.)
37. You may ask the court to give one of the parties additional child support beyond the amount that the court orders using the California Child Support Guideline. This additional child support can be for *child care costs*,

uninsured health care costs, (those medical, dental, or mental health care expenses not covered by your insurance, including the deductible), *educational or other special needs expenses* (tutors, special education costs), and *travel costs for visitation* (gas, airfare, hotels, etc.).

38. You may also ask the court to give one of the parties a deduction for extreme financial hardship, such as:
- a. *Extraordinary health care expenses* (Did you or someone in your family have a serious illness? If so, explain the illness and attach copies of doctor bills, hospital bills, etc. Estimate how many months it would take you to pay off those expenses.)
 - b. *Uninsured catastrophic losses* (Did you experience a large loss that wasn't covered by insurance? For instance, did your home burn down or was your car totaled? If so, explain the loss and attach copies of the repair bill, insurance claim, etc. Estimate how many months it will take you to pay off those expenses.)
 - c. *Minimum basic living expenses of dependent minor children from other relationships who live with you* (Not counting the children from this relationship, do you have biological or adopted children under the age of 18 living with you? If so, list the cost per month of supporting those children and say how many more months you have to make those payments.)
 - d. *Total hardship deductions requested* (Add the amounts listed in items a, b, and c and put that amount on line d.)

GO BACK TO TOP PAGE OF THESE INSTRUCTIONS.

For item ⑧ Look on page 2, *Income Information page of the form* at line 16a. Enter that same amount in the box next to line 7 on page 1 of the *Income and Expense Declaration* (explained in paragraph 8 of these instructions).

For item ⑨ If you have a different monthly income than what you just wrote on line 7 of page 1 of the *Income and Expense Declaration*, attach a piece of paper to this document and label it "Attachment 8." Write an explanation of why your current monthly income is different than what you wrote on line 7.

For item ⑩ Look on page 3 of the *Expense Information page* at line 2q. Enter that same amount on line 9 page 1 of the *Income and Expense Declaration*.

SIGN AND DATE THIS DOCUMENT ON THE BOTTOM OF PAGE ONE OF THE INCOME AND EXPENSE DECLARATION (see paragraph 13 of these instructions).

I have completed ☐ Income (page 2) ☐ Expense (page 3) ☐ Child Support (page 4) Information forms.
(If child support is not an issue, do not complete Page 4. If your only income is TANF, do not complete Page 2.)

1. Are you receiving or have you applied for or do you intend to apply for welfare or TANF?
☐ Receiving ☐ Applied for ☐ Intend to apply for ☐ No
2. What is your date of birth (*month/day/year*)?
3. What is your occupation?
4. Highest year of education completed:
5. Are you currently employed? ☐ Yes ☐ No
 - a. If yes: (1) Where do you work? (*name and address*):
 - (2) When did you start work there (*month/year*)?
 - b. If no: (1) When did you last work (*month/year*)?
 - (2) What were your gross monthly earnings?
6. What is the total number of minor children you are legally obligated to support?

7. Net monthly disposable income (from line 16a of Page 2): \$

8. Current net monthly disposable income (if different from line 7, explain below or on Attachment 8): \$

9. Total monthly expenses from line 2q of Page 3: \$ _____

10. Amount of these expenses paid by others: \$ _____

11. My estimate of the other party's gross monthly income is: _____ \$

I declare under penalty of perjury under the laws of the State of California that the foregoing and the attached information forms are true and correct.

(SIGNATURE OF DECLARANT)

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PETITIONER/PLAINTIFF: (14) RESPONDENT/DEFENDANT: INCOME INFORMATION OF (name):	CASE NUMBER: (15)
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1. Total gross salary or wages, including commissions, bonuses, and overtime paid during the last 12 months: 1. \$ (16)
2. All other money received during the last 12 months **except welfare, TANF, SSI, spousal support from this marriage, or any child support.** *Specify sources below:* (17)
Include pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), spousal support from a different marriage, dividends, interest or royalty, trust income, and annuities.
Include income from a business, rental properties, and reimbursement of job-related expenses
- *Prepare and attach a schedule showing gross receipts less cash expenses for each business or rental property* (18)
3. Add lines 1 through 2d 3. \$ (19)
 Divide line 3 by 12 and place result on line 4a.

	Average last 12 months:	Last month:
4. Gross income (20)	4a. \$ _____	4b. \$ _____
5. State income tax	5a. \$ _____	5b. \$ _____
6. Federal income tax	6a. \$ _____	6b. \$ _____
7. Social Security and Hospital Tax ("FICA" and "MEDI") or self-employment tax, or the amount used to secure retirement or disability benefits	7a. \$ _____	7b. \$ _____
8. Health insurance for you and any children you are required to support	8a. \$ _____	8b. \$ _____
9. State disability insurance	9a. \$ _____	9b. \$ _____
10. Mandatory union dues	10a. \$ _____	10b. \$ _____
11. Mandatory retirement and pension fund contributions <i>Do not include any deduction claimed in item 7.</i>	11a. \$ _____	11b. \$ _____
12. Court-ordered child support, court-ordered spousal support, and voluntarily paid child support in an amount not more than the guideline amount, actually being paid for a relationship other than that involved in this proceeding:	12a. \$ _____	12b. \$ _____
13. Necessary job-related expenses (<i>attach explanation</i>)	13a. \$ _____	13b. \$ _____
14. Hardship deduction (Line 4d on Page 4)	14a. \$ _____	14b. \$ _____
15. Add lines 5 through 14. Total monthly deductions:	15a. \$ _____	15b. \$ _____
16. Subtract line 15 from line 4. Net monthly disposable income:	16a. \$ _____	16b. \$ _____

17. TANF, welfare, spousal support from this marriage, and child support from other relationships received each month: 17. \$ (21)
18. Cash and checking accounts: 18. \$ (22)
19. Savings, credit union, certificates of deposit, and money market accounts: 19. \$ (23)
20. Stocks, bonds, and other liquid assets: 20. \$ (24)
21. All other property, real or personal (*specify below*): 21. \$ (25)

➤ **Attach a copy of your three most recent pay stubs.** (26)

PETITIONER/PLAINTIFF:
RESPONDENT/DEFENDANT:
EXPENSE INFORMATION OF (name):

CASE NUMBER:

	<u>name</u>	<u>age</u>	<u>relationship</u>	<u>gross monthly income</u>
1. a. List all persons living in your home whose expenses are included below and their income: <input type="checkbox"/> Continued on Attachment 1a. (28)	1. 2. 3. 4.			
b. List all other persons living in your home and their income: <input type="checkbox"/> Continued on Attachment 1b. (29)	1. 2. 3.			

2. MONTHLY EXPENSES (30)

a. Residence payments

(1) ☐ Rent or ☐ mortgage \$ _____

(2) If mortgage, include:

Average principal \$ _____

Average interest \$ _____

Impound for real property taxes \$ _____

Impound for home-owner's insurance \$ _____

(3) Real property taxes (if not included in item (2)) \$ _____

(4) Homeowner's or renter's insurance (if not included in item (2)) \$ _____

(5) Maintenance \$ _____

b. Unreimbursed medical and dental expenses \$ _____

c. Child care \$ _____

d. Children's education \$ _____

e. Food at home and household supplies . . \$ _____

f. Food eating out \$ _____

g. Utilities \$ _____

h. Telephone \$ _____

i. Laundry and cleaning \$ _____

j. Clothing \$ _____

k. Insurance (life, accident, etc. Do not include auto, home, or health insurance) \$ _____

l. Education (specify): \$ _____

m. Entertainment \$ _____

n. Transportation and auto expenses (insurance, gas, oil, repair) \$ _____

o. Installment payments (insert total and itemize below in item 3) \$ _____

p. Other (specify): \$ _____

q. TOTAL EXPENSES (a-p) \$ _____
(do not include amounts in a(2))3. ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER DEBTS ☐ Continued on Attachment 3.

CREDITOR'S NAME	PAYMENT FOR	MONTHLY PAYMENT	BALANCE	DATE LAST PAYMENT MADE
(31)				

4. ATTORNEY FEES (32)

a. To date I have paid my attorney for fees and costs: \$ _____ The source of this money was:

b. I owe to date the following fees and costs over the amount paid:

c. My arrangement for attorney fees and costs is:

I confirm this information and fee arrangement.

(SIGNATURE OF ATTORNEY)

(TYPE OR PRINT NAME OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: CHILD SUPPORT INFORMATION OF (name):	CASE NUMBER:
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34 THIS PAGE MUST BE COMPLETED IF CHILD SUPPORT IS AN ISSUE.

1. Health insurance for my children ☐ is ☐ is not available through my employer.

35

a. Monthly cost paid by me or on my behalf for the children *only* is: \$ _____

Do not include the amount paid or payable by your employer.

b. Name of carrier:

c. Address of carrier:

d. Policy or group policy number:

2. Approximate percentage of time each parent has primary physical responsibility for the children:

36

Mother % Father %

3. ☐ The court is requested to order the following as additional child support:

37

a. ☐ Child care costs related to employment or to reasonably necessary education or training for employment skills

(1) Monthly amount currently paid by mother: \$

(2) Monthly amount currently paid by father: \$

b. ☐ Uninsured health care costs for the children (*for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent*):

c. ☐ Educational or other special needs of the children (*for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent*):

d. ☐ Travel expense for visitation

(1) Monthly amount currently paid by mother: \$

(2) Monthly amount currently paid by father: \$

4. ☐ The court is requested to allow the deductions identified below, which are justifiable expenses that have caused an extreme financial hardship.

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	Amount paid per month	How many months will you need to make these payments
a. <input type="checkbox"/> Extraordinary health care expenses (<i>specify and attach any supporting documents</i>):	\$ _____	_____
b. <input type="checkbox"/> Uninsured catastrophic losses (<i>specify and attach supporting documents</i>):	\$ _____	_____
c. <input type="checkbox"/> Minimum basic living expenses of dependent minor children from other marriages or relationships who live with you (<i>specify names and ages of these children</i>):	\$ _____	_____

d. Total hardship deductions requested (*add lines a-c*):

\$ _____